



## Nevada Division of Insurance

1818 E. College Pkwy, Suite 103, Carson City, Nevada 89706 Phone: (775) 687-0700 Fax: (775) 687-0787 Web: doi.nv.gov

## **BAIL RESIDENCY QUESTIONNAIRE**

1. Applicants name:	
2. Address:	
Rent Own How long (If under 2 mo. complete prior address)	
3. Prior address:	
4. State registered to vote:	
5. Address on vehicle registration:	
6. Pick 2 from the following list of documents. The 2 items chosen must be submitted with thi	s form.
a. A 1-year printout of your driving record which can be obtained from the Depar enlarged copy of your driver's license.	tment of Motor Vehicles. Provide an
b. copies of any utility bills for the last 12 months or a letter from the utility company your name.	y verifying 12 months of service under
c. a copy of the first two pages of your last years IRS tax filing.	
Applicant's signature and printed name (date)	

\*\*\* This form is required for first time bail agent and first time bail solicitor applicants.